

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF TULARE
MEDICATION CAPACITY HEARING RECORD**

FILE STAMP:

In the matter of: _____, a Patient at Cypress Mental Health Center	Case No. _____ <input type="checkbox"/> Order Medication Capacity Appeal W.I.C.§5334(e)1 Cypress Mental Health Center
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Treating Physician: _____ Telephone Number: 559-624-3300

Advocates Name: _____ Telephone Number: 559-737-4660, x2441 Date of Visit: _____

Advocate/Attorney notified Patient of ☐ Patient Rights ☐ Right to Counsel ☐ Rights at Hearing ☐ Right to Appeal

Patient Is Currently Involuntarily Committed to the Mental Health Facility under Welfare and Institutions Code Section:

☐ 5150 (72 hour hold) ☐ 5250 (14 day hold) ☐ 5260 (additional 14 day hold) ☐ 5270.15 (additional intensive treatment 30 day hold)

Date and time of certification & confinement: _____ Date and time of any re-certifications: _____

The Patient, after Talking with the Advocate, Has Decided To:

☐ Be present at the Medication Capacity Hearing: ☐ Waive her presence at the hearing realizing that it will still be held in his/her absence.

☐ Hearing was not held: Reason _____

AFTER CONSIDERING ALL RELEVANT EVIDENCE PRESENTED, THE HEARING OFFICER FINDS THAT:

1. The doctor is ☐, or is not ☐, the current treating physician.
2. The doctor did ☐, or did not ☐, comply with the requirements of Welfare and Institutions Code Section 5152(c) regarding explanation of medications.
3. The doctor did ☐, or did not ☐, explain sufficiently, or make reasonable efforts to explain the benefits and risks of, and the alternatives to, the recommended medications.
4. The Patient is ☐, or is not ☐, showing symptoms of a mental disorder.
5. The Patient would ☐, or would not ☐, appear to benefit from the recommended medications.
6. The Patient has ☐, or has not ☐, refused the recommended medications.
7. The Patient is ☐, or is not ☐, aware of her mental disorder.
8. The Patient is ☐, or is not ☐, able to understand the benefits or risks of the medications or the availability of alternative treatments.
9. The Patient is ☐, or is not ☐, able to understand and evaluate information regarding medications in a rational manner and otherwise participate in the treatment decision.

UPON HEARING THE TESTIMONY, READING THE EVIDENCE IN THE ABOVE MATTER AND GOOD CAUSE APPEARING THEREFOR, (check all that apply)

IT IS HEREBY ORDERED, ADJUDGED AND DECREED as follows:

1. ☐ The Patient, does not have the capacity to give informed consent as to his/her psychiatric condition and medication(s) which address said condition.
2. ☐ The Patient, is capable of giving informed consent as to all other medical conditions (non-psychiatric in nature).
3. ☐ That the Treating Physician, Petitioner, or his designee(s), be given authority to consent to such treatment by the administration of psychotropic or psychiatric medication(s) on behalf of Patient, for as long as Patient remains under involuntary commitment at CYPRESS MENTAL HEALTH CENTER.
4. ☐ Significant Others (_____), are to be notified regarding all medications administered, any changes and any change in Patient's physical location or health status.

MANDATORY COURT FORM

COPIES: COURT - PUB. DEF. ADVOCATE - CMHC - LAW OFF. DENNIS LYNCH - PATIENT